B. Certified, Registered Nurse Midwife Services

Risk Assessment

Risk assessment is the systematic review of relevant client data to identify potential problems and plan for care. Early identification of high risk pregnancies with appropriate consultation and intervention contribute significantly to an improved perinatal outcome and lowering of maternal and infant morbidity and mortality. The care plan for low risk clients incorporates a primary care service package and additional services specific to the needs of the individual client. High risk care includes referral to or consultation with an appropriate specialist, individualized counseling, and services designed to address the particular risk factors involved. Risk assessment will be accomplished using the Utah Perinatal Record system or other formalized risk assessment tool. Consultation standards will be consistent with the Utah Medical Insurance Association guidelines.

Certified nurse midwives may care for some psychosocially or demographically high risk women according to written agreements with consulting physicians or admitting hospitals.

Limited to two risk assessments during any 10-month period.

Prenatal Assessment Visit (Initial Visit Only)

The initial prenatal visit for a new patient with a confirmed pregnancy, providing an evaluation of the mental and physical status of the patient, an in-depth family and medical history, physical examination, development of medical data, and initiation of a plan of care.

Limited to one visit in any 10-month period, to be used only when patient is referred immediately to a community practitioner because of identified risks or otherwise lost to follow-up because patient does not return.

Single Prenatal Visit (Visit Other Than Initial Visit

A single prenatal visit for an established patient who does not return to complete care for unknown reasons. Initial assessment visit was completed, plan of care established, one or two follow-up visits completed, but no follow through with additional return visits.

Limited to a maximum of three visits in any 10-month period, to be used outside of global service, only when the patient is lost to follow-up for any reason.

T.N. # 94-025							
Supersedes	Approval	Date	010495	Effective	Date	10/01/94	
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ATTACHMENT 3.1-A (Attachment #20.b)
Page 3

The following services are being added as certified registered nurse midwife services and provided only for pregnant women throughout pregnancy and up to the end of the month in which the 60 days following pregnancy ends.

Perinatal Care Coordination

Perinatal care coordination is the process of planning and coordinating care and services to meet individual needs and maximize access to necessary medical, psychosocial, nutritional, educational, and other services for the pregnant woman.

Prenatal and Postnatal Home Visits

Home visits can be included in the management plan of pregnant patients when there is a need to assess the home environment and implications for management of prenatal and postnatal care, to provide direct care, to encourage regular visits for prenatal care, to provide emotional support, to determine educational needs, to monitor progress, to make assessments, and to re-evaluate the plan of care.

Limited to no more than six visits during any 12-month period.

Group Prenatal/Postnatal Education

Classroom learning experience for the purpose of improving the knowledge of pregnancy, labor, childbirth, parenting and infant care. The objective of this planned educational service is to promote informed self care, to prevent development of conditions which may complicate pregnancy, and to enhance early parenting and child care skills.

Limited to eight units during any 12-month period. One unit is equal to one class at least one hour in length.

The following services are being added for specific providers. These services will be limited only to pregnant women throughout pregnancy and up to the end of the month in which the 60 days following the pregnancy occurs.

C. Licensed, certified social worker, clinical psychologist, marriage and family counselor services.

Prenatal and Postnatal Psychosocial Counseling

Psychosocial evaluation is provided to identify patients and families with high psychological and social risks, to develop a psychosocial care plan and provide or coordinate appropriate intervention, counseling or referral necessary to meet the identified needs of families.

Limited to 12 visits in any 12-month period.

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Supersedes	Approval	Date	Ci/04/95	Effective	Date	10/01/94
T.N. # 86-5						•

D. Registered Dietitian Services

Nutritional Assessment/Counseling

All women are referred to the WIC program for nutritional assessment. Women with complex nutritional or related medical risk factors as determined in initial prenatal visits may require intensive nutrition education, counseling, monitoring and frequent consultations, and may receive service by referral from a physician, certified nurse midwife, or a family nurse practitioner to a registered dietitian.

Limited to 14 visits during any 12-month period.

E. Community Health Nurse Services

Perinatal Care Coordination.

Prenatal and Postnatal Home visits, as defined above in B, may be provided by the community health nurse.

Group Prenatal/Postnatal education, as defined above in B, may be provided by the community health nurse.

F. Registered Nurse Services

Perinatal Care Coordination

Prenatal/Postnatal Home visits, as defined above in B, may be provided by the registered nurse.

Group Prenatal/Postnatal education, as defined above in B, may be provided by the registered nurse.

G. Certified Family Nurse Practitioner Services

Perinatal Care Coordination

Risk Assessment, as defined above in B, may be provided by the certified family nurse practitioner.

Prenatal and Postnatal Home visits, as defined above in B, may be provided by the certified family nurse practitioner.

Group Prenatal/Postnatal education, as defined above in B, may be provided by the certified family nurse practitioner.

Prenatal Assessment visit, as defined above in B, may be provided by the certified family nurse practitioner.

Single prenatal visits, as defined above in B, may be provided by the certified family nurse practitioner.

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	Approval	Date	01/04/95	Effective	Date	10/01/94	
T.N. #8:6:-5							

ATTACHMENT 3.1-A (Attachment #20.b)
Page 5

H. Health Educator Services

Perinatal Care Coordination may be provided by those meeting the established criteria.

Group Prenatal/Postnatal education, as defined above in B, may be provided by the health educator.

I. Social Worker Services

Perinatal Care Coordination may be provided by a licensed social service worker (SSW) who meets the established criteria.

Perinatal Care Coordination may be provided by a licensed certified social worker (LCSW) who meets the established criteria.

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CERTIFIED PEDIATRIC AND FAMILY NURSE PRACTITIONERS

OBRA 1989 Section 6405 H.R. 3299 P.L. 101-239

LIMITATIONS

- 1. Services provided by a licensed certified pediatric nurse practitioner (CPNP) or a licensed certified family nurse practitioner (CFNP) are limited to ambulatory, non-institutional services provided to the extent that licensed certified pediatric and family nurse practitioners are authorized to practice under state law.
- 2. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.

42 CFR

440.170 TRANSPORTATION SERVICES

LIMITATIONS

- 1. Coverage of optional transportation service is limited to the most reasonable and economical means of transportation necessary to secure medical examination and/or treatment for a recipient by a provider to whom a direct vendor payment can be made.
- 2. Travel expenses are limited to:
 - a. Cost of transportation for recipient by approved means.
 - b. A per diem not to exceed a maximum established by the State to be applied toward cost of meals and lodging when it is necessary for the recipient to remain away from home, outside of a medical facility while receiving approved treatment.
 - c. Cost of transportation and per diem not to exceed a maximum established by the State, to be applied to cost of meals and lodging for one parent to accompany a child to receive approved services out-of-state when there is a need for the parent to receive instructions in meeting the medical needs of the child.
 - . d. Transportation costs and related travel expenses for an attendant to accompany a recipient for approved services only available out-of-state, when there is a justified medical need for an attendant. (A parent or a guardian can qualify as the attendant providing the individual can meet the existing medical need demonstrated by the patient.) Salary is included if the attendant is not a member of the patient's family.

These services are covered only for the period of time the attendant has responsibility for hands-on care of the recipient. Stand-by time is not covered.

194 Effective Date 10 191 Approval Date Supersedes

24 CFR 440.170

PERSONAL CARE SERVICES IN A RECIPIENT'S HOME

LIMITATIONS

- 1. Personal care services are covered benefits when provided by a home health agency licensed in accordance with Utah Code Annotated, Title 26, Chapter 21. Services are delivered by a personal care aide or a home health aide (performing only personal care level tasks) who has obtained a certificate of completion from the State Office of Education, or a licensed practical nurse, or a licensed registered nurse. Personal care services are prescribed by a physician and are provided under the supervision of a registered nurse. Personal care services are not provided by a member of the recipient's family.
- 2. Personal care services are covered benefits only for recipients who (a) receive services in their place of residence that is not an institution; (b) do not receive Medicaid home health aide services on the same day they receive personal care services.
- 3. Personal care services are limited to 60 hours per month.
- 4. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services re medically appropriate; and
 - b. that the proposed services are more cost effective that alternative services.